

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM O-875)**

APPLICANT(S) _____ FILING DATE _____

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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50		/				
TOTAL IND.	6					
TOTAL DEP.	18					
TOTAL CLAIMS	23					

	IND.		DEP.		IND.		DEP.	
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